OIPE 403

PTO/SB/17 (10-03)
Approved for use through 08/30/2010. ONB 0681-0032
U.S. Patent and Trademan/ Office: U.S. DEPARTMENT OF COMMERCE
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Date November 2008

	Complete if Known								
Fees pursuant to the CRAISM and Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL				Application Number 10/54		10/542,78	12,781		
	Filing Date July 2		July 20, 2	20, 2005					
For FY 2009				First Named	Inventor	Walter D	ORR_		
П	Examiner Name F. D.		F. D. Lop	). Lopez					
Applicant cl	Art Unit 3745		3745	45					
TOTAL AMOUNT OF PAYMENT (\$) 540				Attomey Doc	Attorney Docket No. 4909		90		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
✓ Deposit Account Deposit Account Number: 18-2220 Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Credit any overpayments  Credit any overpayments  Credit any overpayments									
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Information and authorization on PTO-2038.									
FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES									
		Small Entity		Small Entity	,	Small	Entity		
Application			Fee (		Fee			Fees Pald (\$)	
Utility	330	.05	540	270	220		-		
Design	220	110	100	50	140		0		
Plant	220	110	330	165	170	8	5		
Reissue	330		540	270	650	32	5		
Provisional	220	110	0	0	(	)	0	<del></del>	
2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)									
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims		
	0 or HP =(			0		1	Fee (\$)	Fee Paid (\$)	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)									
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):Brief on Appeal 540									
SUBMITTED BY	0	/ / /		Registration No	0	_	Telester		
Signature	Mays	Bules		Registration No (Attorney/Agent)	28,770		relephon	ne (202) 659-9076	

This collection of Information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to 86 and by the USPTO be possess) an application. Confidentialisty is governed by 35 U.S. C.128 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including aphering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for material right burden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionari for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionari for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionari for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionari for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionari for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.

Name (Print/Type) Mark S. Bicks